

EMPLOYER/UNION PDP DIRECT CONTRACT

Notice of Intent to Apply

To assist CMS in planning for the review of applications and to ensure that potential Applicants are notified of any additional guidance posted on the web, and for future correspondence, potential PDP Applicants should notify CMS of their intention to apply by 5:00 p.m. EST on **March 23rd, 2005**. Organizations that submit notices of intent to apply are not obligated to submit an application to CMS.

There are three steps to submit a Notice of Intent to Apply:

Step 1	Complete <i>Notice of Intent to Apply</i> and Email to CMS	Applicants must send a notice of its intent to apply by email to drugbenefitimpl@cms.hhs.gov with "Notice of Intent to Apply for Employer/Union PDP Direct Contracts" indicated in the subject field.
Step 2	Complete <i>CMS Connectivity Request Form</i> and Email to CMS	As part of the notice of intent submission, Applicant must also complete the <i>CMS Connectivity Request</i> form, which is necessary to conduct enrollment transactions. Complete and submit it at the same time as the notice of intent to apply to the email address: mdcn@cms.hhs.gov . Questions about this form may also be directed to the same e-mail resource.
Step 3	Complete <i>Application for Access to CMS Computer Systems</i> (located on CMS website) and Mail to CMS	Applicant must also submit the <i>Application for Access to CMS Computer Systems</i> form (found on the CMS website www.cms.hhs.gov/mdcn/access.pdf). Please see <i>Accessing CMS Systems</i> for instructions on completing the <i>Application for Access to CMS Computer Systems</i> form. Document should be mailed as a hard-copy with original signature to: Centers for Medicare & Medicaid Services Attention: Marietta Mack Mail Stop S1-25-13/Location S2-05-06 7500 Security Boulevard Baltimore, Maryland 21244-1850

Email Form to: drugbenefitimpl@cms.hhs.gov
Subject: Notice of Intent to Apply for Employer/Union PDP Direct Contracts

EMPLOYER/UNION PDP DIRECT CONTRACT Notice of Intent to Apply

Please provide the following information to indicate your intent to apply.

Applicant Organization's Legal Entity Name:

Applicant Organization's Corporate Address (Street, City, State, Zip – No Post Office Boxes):

PROVIDE THE INFORMATION BELOW REGARDING YOUR PHARMACY BENEFITS	
Pharmacy Benefit Management Organization's Full Name. <i>Note: If Applicant contracts with multiple Pharmacy Benefit Management Organizations, be sure to list all:</i>	
Does the Applicant anticipate submitting a formulary? <i>Note: CMS is using this information to understand how many formularies it may need to review beginning June 6, 2005.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate how many formularies you anticipate to submit: If no, indicate if all drugs will have the same cost-sharing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROVIDE THE INFORMATION BELOW FOR THE PERSON WHO WILL ACT AS THE MAIN CONTACT	
Name of Individual:	Title:
Address of Individual: (Street, City, State, Zip – No Post Office Boxes):	
Direct Telephone Number:	Fax Number:
Email Address:	

*Covers direct contracts between CMS and Employers/Unions for retiree prescription drug coverage as authorized as under section 1857(i)(2) and 1860D-22(b) of the Social Security Act .

Note: Please email this Notice of Intent to Apply to drugbenefitimpl@cms.hhs.gov by 5:00 p.m. EST on March 23, 2005. Be sure to indicate "Notice of Intent to Apply for Employer/Union PDP Direct Contracts" in the subject line.

Return Form to: MDCN@CMS.HHS.GOV
Subject: CMS Connectivity Request Form

CMS CONNECTIVITY REQUEST FORM
Employer/Union Direct Contract PDP Organization

THE FOLLOWING ORGANIZATION IS REQUESTING CONNECTIVITY TO CMS FOR THE PRESCRIPTION DRUG PLAN	
Name of Organization:	
Primary Contact Name:	Primary Contact Telephone Number:
Address (<i>Street, City, State, Zip</i>):	
Telecommunications Contact Name:	
Telecommunications Contact Email:	
Physical Site Address (Must be the physical location for the T1 installation):	

1. Does your site have leased line IP connectivity into the MDCN (Medicare Data Communications Network) via AGNS (AT&T Global Network Services)? <input type="checkbox"/> Yes. Please answer questions 2-13. <input type="checkbox"/> No. Please answer questions 4-13.
2. What are the AGNS account names; i.e. BXKY, BXSC, CWF3, associated with the physical location to be used for drug card transactions? (For example, the AGNS account for the IP connectivity into the CMS central office is HCFA).
3. Are there other locations networked to the physical site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list the city and state below.
4. What are the IP networks/sub-network masks that will be communicating with CMS? (This is required for both ends of the connectivity so routing can be put in place over the new PVC built across the AGNS.) Please note you may need to contact your network administrator for this information <i>NOTE: If the AGNS router is placed on a ring/segment upstream from the origination network(s), CMS will need to know what the next hop will be out of the AGNS router to get to the cascaded network(s).</i>
5. Do you currently have Connect: Direct that you will use for the Medicare Prescription Drug Program within your system infrastructure? <input type="checkbox"/> Yes. Please answer question a below. <input type="checkbox"/> No. Please answer questions b and c below.
a. Which version of Connect: Direct do you currently have within your infrastructure; i.e. enterprise, workstation (runs on PC) or satellite (LAN/Server based)?
b. Please provide the following information for Connect: Direct software installation on the hardware resident within your infrastructure. Make & Model of Hardware Where Software Will Reside: Number of Processors Associated with this Hardware: Operating System Used on the Hardware:

<p>c. Who is the contact person(s) who will be responsible for the Connect: Direct Software?</p> <p>Name:</p> <p>Phone Number:</p> <p>Email Address:</p>
<p>6. For T1 installation, what type of LAN will connect to the CMS router; i.e. ethernet, token ring?</p>
<p>7. Will this new site require non-portable registered IP addresses from AGNS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <p>If yes, how many?</p> <p>If no, what addresses will be used at this site (sub-network/mask) and what IP address/sub-network mask should be used as the LAN interface address on the AGNS router?</p>
<p>8. What protocols will need to be enabled for this site; i.e. IP, SNA?</p>
<p>9. Will this site require the use of a dynamic routing protocol to advertise/learn routes to/from the AT&T Business Services network; i.e. IGRP, EIGRP, OSPF, BGP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, CMS will assume static routes should be used on the router placed at the new site.</p>
<p>10. What IP network(s) or host(s) at this site, including sub-network mask(s), will need to be able to communicate with what IP network(s) or host(s) at other sites and vice versa? Please include subnetwork masks for the destination network(s) as well <i>NOTE: If the AGNS router is placed on a ring/segment upstream from the origination network(s), CMS will need to know what the next hop will be out of the AGNS router to get to the cascaded network(s).</i></p>
<p>11. Does this site have connectivity out to the Internet?</p>
<p>12. If there is connectivity out to the Internet, please describe the firewall used at the site for which this is applicable.</p> <p>Socks or proxy:</p> <p>Firewall software/hardware:</p>
<p>13. Is there any unsolicited inbound traffic permitted from the Internet through the firewall?</p>
<p>14. Will AGNS MDCN WAN be connected to the secure side of the firewall?</p>
<p>15. Are there any dial-up connectivity requirements to the sub-network(s) at this site?</p>

Questions about completing the CMS Connectivity Request form should be sent to:
MDCN@CMS.HHS.GOV with Part D Benefit as the subject line.

Employer/Union Direct Contract PDP Organizations

Instructions for Accessing CMS Systems Health Plan Management System (HPMS)

PDPs will be required to use HPMS to carry out various CMS Part D functions, including the application process, formulary submission process, bid submission process, ongoing operations of the Part D program, and reporting and oversight activities. PDPs will need the following to access HPMS:

- (1) Internet or Medicare Data Communications Network (MDCN) connectivity,
- (2) Use of a Microsoft Internet Explorer web browser (version 5.1 or higher) with 128-bit encryption, and
- (3) A CMS-issued user ID and password with access rights to HPMS for each user within the PDP organization who will require such access.

Applicants should access the CMS website at <http://www.cms.hhs.gov/mdcn/access.pdf> to obtain the latest version of the "Application for Access to CMS Computer Systems" form. In addition to completing each section of the form, as appropriate, the PDP user should: 1) check "**Other**" in Section 2 and write **PDP** in the corresponding blank line, and 2) write **HPMS** on the first blank line in Section 3a.

In order to expedite the processing of this request, CMS strongly recommends that organizations refrain from requesting any additional systems access other than HPMS on this particular form submission at this time. When submitting this form during the notice of intent process, PDP applicants will not yet have received their pending PDP contract number (S number). As a result, applicants should leave Section 2h of the form blank during this initial submission period. Once a pending contract number has been assigned, all subsequent user ID request forms must include the applicant's contract number in Section 2h.

You must also sign and date page 2 containing the Privacy Act statement and return it along with the form. Your request cannot be processed without this signature and date. The original signed form (both pages) must be mailed to the following address:

Centers for Medicare & Medicaid Services
Attention: Marietta Mack
Mail Stop S1-25-13/Location S2-05-06
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Please contact Don Freeburger (410-786-4586 or DFreeburger@cms.hhs.gov) or Greg Buglio (410-786-6562 or GBuglio@cms.hhs.gov) with any questions. CMS will provide you with additional technical instructions on accessing HPMS, including its website address, once your user ID has been processed.

Important Note for Current HPMS Users

If your organization already has HPMS access for other CMS functions, such as an MA organization or as a Drug Card Sponsor, you do not need to request new CMS user IDs, unless you need to do so to obtain HPMS access for new PDP users at your organization. Once your new PDP organization is assigned a pending contract number, you will be directed to provide CMS with the list of current user IDs that require access to the new PDP contract number in HPMS. CMS will provide all organizations with those instructions at the time of contract enumeration.

Other CMS Systems

Applicants will also be required to obtain access to other CMS systems in order to perform necessary operational functions, including, but not limited to, enrollment and claims submission. Instructions for obtaining access to those other systems will be provided to Applicants separately.